

Simmons, Perrine, Albright & Ellwood, P.L.C. **AUG 19 2005****Attorneys and Counselors**

115 Third Street SE, Suite 1200
Cedar Rapids, Iowa 52401-1266
Office Telephone: (319) 366-7641
Fax: (319) 366-1917

Third Floor Tower Place
22 South Linn Street
Iowa City, Iowa 52240
Office Telephone: (319) 887-1368
Fax: (319) 887-1372

Darrel A. Mott
James E. Shipman
Stephen J. Holtzman
Iris E. Muchmore
Gregory M. Lederer
James A. Gerk
Roger W. Stone
David A. Hacker
David W. Kubicek
Matthew J. Brandes
James M. Peters
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Philip A. Burian
Christine L. Conover
David C. Kuteher
Michael F. Williams
Elizabeth V. Croco
Patry A. Thimig
Jason M. Steffens
Lorie Reins-Schwee
Lance R. Staker
Richard G. Hilleman
Counsel

Haven Y. Simmons (1888-1975)
Beahl T. Perrine (1902-1989)
William P. Ellwood (1909-1998)
Justin W. Albright (1908-2004)

**REGISTERED PATENT
ATTORNEYS**
Gregory G. Williams
Michael F. Williams

OF COUNSEL
James R. Snyder
Robert M. Jilek

RETIRED
John R. Carpenter

E-Mail Address: gwilliams@simmonsperine.com
Website: www.simmonsperine.com

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FACSIMILE INFORMATION SHEET

DATE: August 19, 2005

TIME: 2:15 PM

RE: Application No: 10/708,323

Applicant: Karl W. Nolin

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USPTO - Group Art Unit 3651

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21 PAGES

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MARIAN PALMERSHEIM

MESSAGE: Please enter the following Amendment in the above-captioned application.

Applicant: Karl W. Nolin
Filed: February 24, 2004
Group Art Unit 3651
Examiner: J. Bidwell
Attorney DN 04N1672

PTO/SS/07 (09-04)

Approved for use through 07/31/2006. CUB 0351-0031


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Transmittal form

Amendment in response to Office Action dated May 20, 2005

Fee Transmittal form

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/708,323	
	Filing Date	February 24, 2004	
	First Named Inventor	Karl W. Nolin	
	Art Unit	3651	
	Examiner Name	J. Bidwell	
Total Number of Pages in This Submission	21	Attorney Docket Number	04N1672

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature	<i>Gregory G. Williams</i>		
Printed name	GREGORY G. WILLIAMS		
Date	AUGUST 19, 2005	Reg. No.	31,681

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Signature	<i>Marian Palmersheim</i>		
Typed or printed name	MARIAN PALMERSHEIM	Date	AUGUST 19, 2005

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008, OMB 0851-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/708,323 Filing Date February 24, 2004 First Named Inventor Karl W. Nolin Examiner Name J. Bickwell Art Unit 3651 Attorney Docket No. 04N1672	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	700.00	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x	=		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) Other (e.g., late filing surcharge): Additional independent claims 7 X \$100 = \$700.00 \$700.00							

SUBMITTED BY			
Signature	<i>Gregory G. Williams</i>	Registration No. (Attorney/Agent) 31,681	Telephone 319-887-1368
Name (Print/Type)	GREGORY G. WILLIAMS		Date AUGUST 19, 2005

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AUG 19 2005

PATENT
Attorney Docket No. 04N1672

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Karl W. Nolin

Group Art Unit No. 3651

Serial No.: 10/708,323

Examiner: J. Bidwell

Filed: February 24, 2004

For: FLOW-RETARDING SPOUT AND METHOD FOR DELIVERING DRY
BULK FREE-FLOWING MATERIAL TO A LOWER LOCATION

August 19, 2005

AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to an Office Action dated May 20, 2005, the Applicant requests
that the above-referenced application be amended as follows:

Amendments to the Claims are reflected in the listing of the claims that begins on
page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

08/22/2005 TL0111 00000022 10700323

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